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ABSTRACT

The brochure describes a demonstration program on the early education of the language learning handicapped preschool child. Discussed are symptoms of the language learning problem (such as misunderstanding what is said), a remedial approach based on specific disability intervention, the Easter Seal Treatment Center, project objectives (such as the development of a parent education program), the staff team, the kindergarten program for language handicapped children which provides maximal language stimulation, coordination with community nursery schools, the 14 week parent education program, and the 10 week inservice training course for nursery school teachers. Projected research and demonstration projects concern such activities as experimentation with closed circuit television and refinement of evaluation procedures. (DB)

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EARLY EDUCATION OF THE LANGUAGE-LEARNING HANDICAPPED CHILD

A Demonstration Program by the
Easter Seal Treatment Center
of Montgomery County, Maryland
in cooperation with the
U. S. Office of Education,
Bureau of Education for the Handicapped.

THE PROBLEM AND A REMEDIAL APPROACH

Delayed language development occurs with greater frequency, and often with greater complexity than any other communication disorder. Because disturbances of language may affect the entire learning process, it is vital to identify the proglem at an early age and to intervene with appropriate habilitative measures.

The child with specific language-learning disability has been described by the various disciplines as one who demonstrates average or above average intelligence, adequate sensory acuity and motor functioning, normal emotional adjustment, and a specific deficit in learning abilities -- verbal and/or non-verbal.

A language-learning problem severe enough to interfere with a young child's communication with those around him usually does not exist in isolation. The child may need help if he:

- is late in beginning to talk.
- seems slower than children his age.
- doesn't understand what you tell him.
- doesn't pay attention.
- talks less than children his age.
- has trouble following directions.
- is slow to answer.
- is hard to understand.
- forgets words for things.
- misunderstands what is said to him.
- has a short attention span.
- echoes what is said to him.

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Equally as important as early identification is a program for early training. The Easter Seal Treatment Center's Demonstration Project represents an effort to identify and provide individually prescribed educational and therapeutic programs for a large population of pre-school children in the most effective and efficient manner.

In this Project, the total needs of the pre-school language-learning handicapped child are treated through intervention in five possible target areas of disability:

1 Auditory Processing
2 Visual Perception
3 Gross and Fine Motor Behavior
4 Language and Speech Behavior
5 Conceptualization

The Project was designed to attack these target areas in children who vary in age from $2\frac{1}{2}$-6 years, and whose symptoms range from mild to severe. After the disability is identified by an interdisciplinary staff the child is placed in one of two types of learning situations:

* One is an intensive, self-contained educational and therapeutic program -- known as PHASE I -- and is designed for severely language-learning handicapped kindergarten aged children.

* The second program -- known as PHASE II -- introduces a new concept of remedial procedures. Young children, aged $2\frac{1}{2}$-4 years, with mild to moderate speech and language-learning handicaps are served through a cooperative educational-therapeutic effort between clinical therapists and specialists, and early childhood educators in community nursery school facilities.

ABOUT
THE EASTER SEAL TREATMENT CENTER OF MONTGOMERY COUNTY MARYLAND

This Easter Seal Treatment Center is an affiliate of the National Society for Crippled Children and Adults and offers extensive diagnostic and educational-therapeutic programs through the services of its three departments: Speech, Hearing, and Language; Occupational Therapy; and Physical Therapy.

Since its organization in 1949, a major thrust of this Center's efforts have been directed toward the speech, hearing, and language needs of an expanding population in a large general service area. More than 900 individuals and their families are served by the agency each year.

Over 700 individuals - including international representatives - visited the Demonstration Project since it became operational, giving wide visibility to the Center itself. The Center is also a clinical and practicum training site for four universities in the Washington metropolitan area.

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A major attribute of the Montgomery County Easter Seal Treatment Center is its close coordination with both state and local, and private agencies in the testing, treatment, and placement of children in appropriate health-related habilitation programs.

PROJECT OBJECTIVES

The expressed objectives of this Demonstra
are:

1. To identify and assess the dimensions
learning disability in nursery school
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specialists.
2. To develop and provide individually p
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two model programs, depending on age
disability: One is an intensive five
self contained program for severely l
learning disabled kindergarten-aged c
second program affords a total pre-sc
for moderately speech and language im
school aged children through a coopera
and therapeutic effort between clinic
and early childhood educators in exis
nursery school facilities.
3. To develop a parent education program
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children's needs.
4. To provide teaching experiences for u
students preparing in the fields of s
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5. To provide inservice training and wor
community specialists and teachers in
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young children, and in procedures for
intervention.
6. To demonstrate to the professional co
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The expressed objectives of this Demonstration Project are:

1. To identify and assess the dimensions of language-learning disability in nursery school and kindergarten aged children who may benefit from early remedial education experiences. Such identification is accomplished by an interdisciplinary team of specialists.
2. To develop and provide individually prescribed educational and therapeutic experiences in one of two model programs, depending on age and degree of disability: One is an intensive five-day-a-week self contained program for severely language-learning disabled kindergarten-aged children. The second program affords a total pre-school experience for moderately speech and language impaired nursery school aged children through a cooperative educational and therapeutic effort between clinical therapists and early childhood educators in existing community nursery school facilities.
3. To develop a parent education program which will contribute to parental understanding of the language-impaired child and which will assist them in home training procedures appropriate to their children's needs.
4. To provide teaching experiences for university students preparing in the fields of speech pathology, special education, and early childhood education who may want to specialize in any of these areas.
5. To provide inservice training and workshops for community specialists and teachers in the techniques of evaluating language-learning disability in young children, and in procedures for programming intervention.
6. To demonstrate to the professional community and general public, and particularly to the public school system, the validity and effectiveness of this concept of intervention at an early age.

THE STAFF TEAM

To implement this Project's concept of intervention for language-learning disabled children, a multidisciplinary approach is employed. The staff assembled to develop and demonstrate educational and therapeutic techniques for this population of children includes

- Speech and Language Therapists
- An Audiologist
- A Psychologist
- A Special Education Teacher
- A Specialist in Early Childhood Education
- Occupational Therapists
- A Physical Therapist
- Paraprofessionals as classroom aides and volunteers
- Cooperating teachers in existing community nursery schools

SERVING CHILDREN . .

In the self-contained program -- PHASE I -- procedures are designed to treat the total needs of each child by

- Developing language so that further academic and social learning may occur.
- Developing awarness of the environment and the child's relationship to it through activities which will create a sense of self-awareness, problem solving ability, and behavioral limitations.
- Providing maximal language stimulation by exposure to labeling and patterning of linguistic form.
- Developing attention span as preliminary to the establishment of auditory memory and discrimination of linguistic sets.
- Developing visual memory, discrimination, and sequencing.
- Improving gross and fine motor coordination.

. . . SERVING CHILDR

In community nursery schools the PHASE II Program is operating to demonstrate a new procedural concept that a greater number of moderately language-learning handicapped children may be served through a co-operative effort between a clinical staff of speech and language therapists, occupational therapists, and psychologists and trained nursery school teachers than can be accommodated in a single clinical setting.

PHASE II procedures are designed specifically to build on each child's existing speech and language skills in order to promote the strongest stabilization and smoothest transition to intelligible verbal interaction.

Each child's speech and language therapist works closely with his nursery school teacher to reinforce new language skills, while his non-language handicapped peers serve as a normal language model. Gross and fine motor development and visual-perceptual training are provided by a staff occupational therapist, as needed. Psychological services are available to help the family with behavioral and/or social management problems.

SERVING CHILDREN

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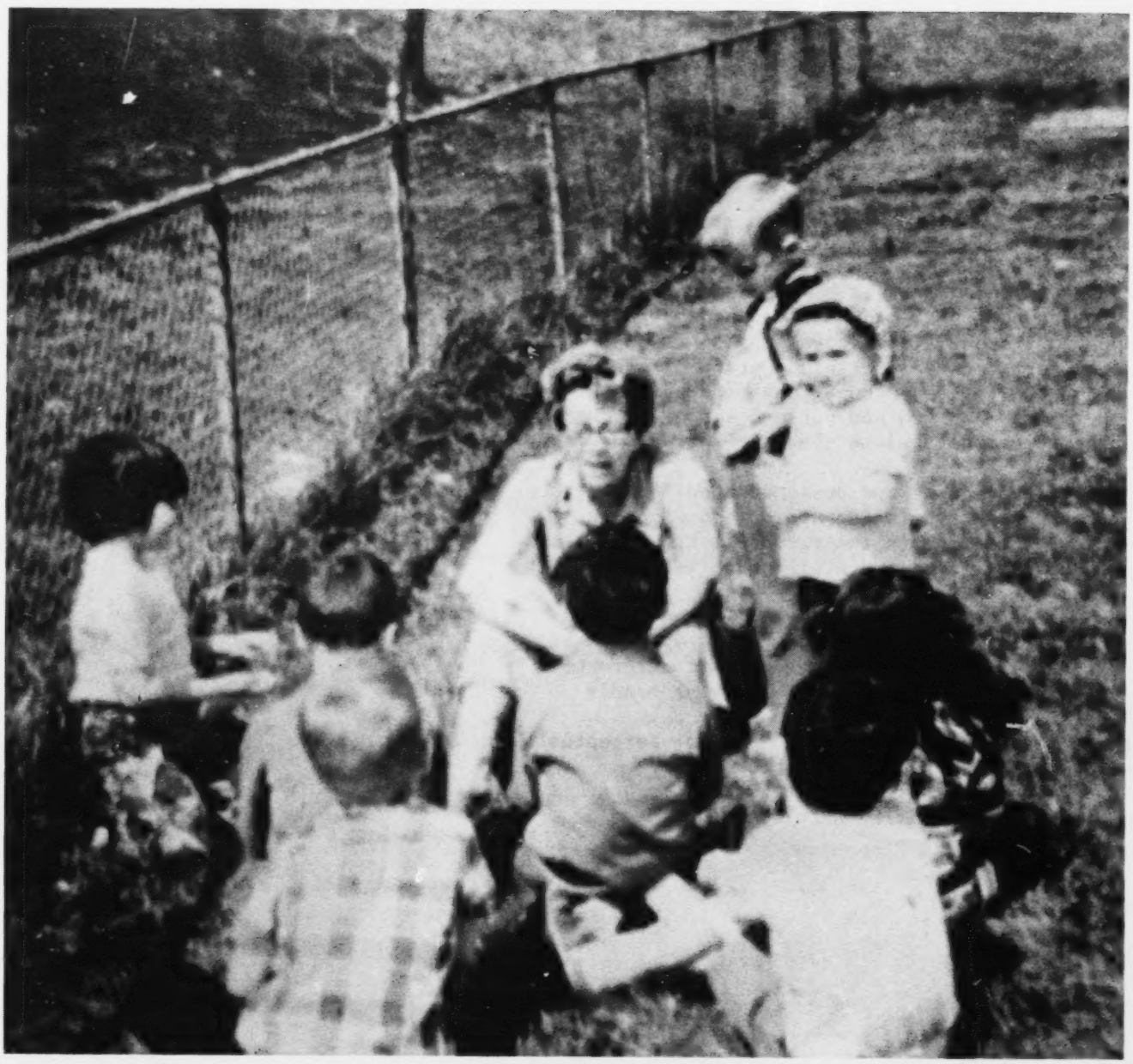


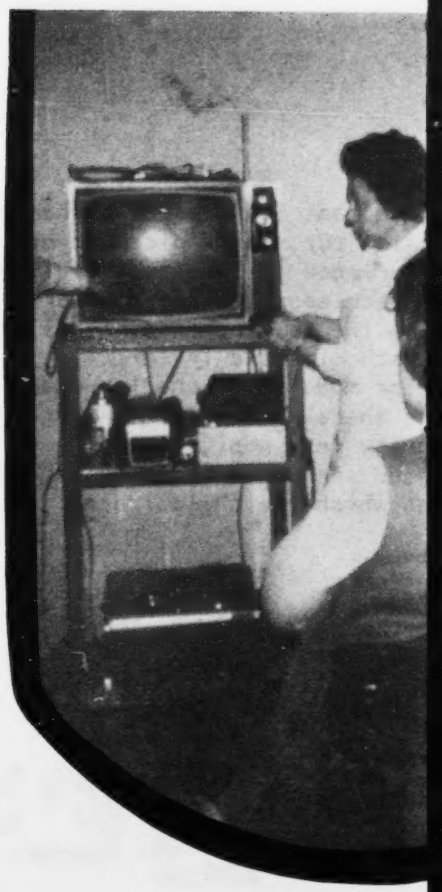
Many authorities state that the present emphasis on early childhood education for the handicapped or exceptional child can experience its greatest fruition through parents who have been educated and counseled in recognizing and meeting the developmental needs of their children. The pre-school child is largely dependent on the family for models of behavior and language, and he reflects these models in his language usage. Parents are uniquely in a position to encourage and stimulate the sensory avenues to provide the major sources through which the child learns.

PARENT POWER

This Project's formal Parent Education Program is designed to help parents learn to evaluate and work as helping agents for their children based on knowledge of current language, perceptual-motor, and social developmental status. The educational component of the parent program includes fourteen weeks of lecture-discussion, supervised observation, and practicum.

Over a period of time, parents explore various aspects of normal and abnormal development and behavior. They learn -- through guided observation -- to identify specific behaviors in their children, and they discuss the various techniques utilized to help each child experience success. Finally, parents participate in practicum situations during which they work with small groups of children, including their own child, to practice techniques which are appropriate and effective for the language-learning impaired child. Each practicum session is video taped. The tape is then used as a training instrument to help parents assess the dimensions of attitude toward their own language-learning disabled children, increase awareness of the general nature of the disability, and evaluate the appropriateness of their activities.

Concurrent with the formal parent education program is a supplementary parent program which is supportive in nature. Conferences are held between parents and teacher, therapist, and psychologist to discuss priority goals established for their children, to provide counseling regarding management of specific behavioral or social problems, and to evaluate progress in their children.



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Parent Power is recognized as an integral component of this demonstration project. As helping agents for their children's growth and learning, parents extend the total effort to serve each child optimally and maximally.

Inservice training is an intrinsic part of this Model and Demonstration Project, and is provided by the Project staff for nursery school teachers who are responsible for the educational component of the PHASE II Program. Training is also available to community specialists and teachers who are concerned with the identification, assessment, and treatment of speech and language-learning disability in pre-school aged children.

TEACHER TRAINING

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The ten-week inservice training course
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of visual perception; and 2) provide techniq
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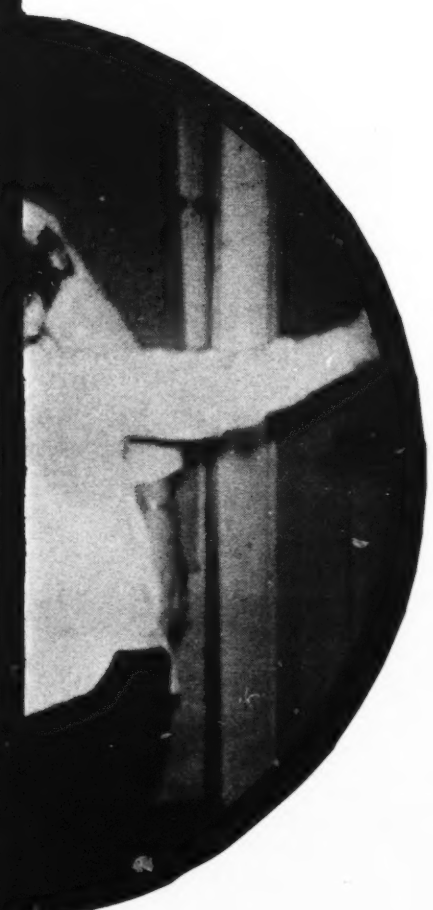
training, motor development, and visual-perc
skills.

Objectives of the course are to:

- Provide a survey of normal child deve
concerning acquisition of language.
- Develop a working knowledge of the sy
of language and speech disabilities i
school aged children.
- Demonstrate various approaches to the
school language handicapped child in
and individual situations.
- Develop strategies for specific level
instruction with respect to individua
prescribed needs.
- Demonstrate the effectiveness of curr
materials developed through a multidi
approach.
- Provide a survey of specific problems
language and speech impaired child, a
techniques for classroom management.



The ten-week inservice training course is accredited and certified by the Maryland State Department of Education and is designed to 1) apply the teachers' knowledge of early childhood education to deviant language development including problems of expressive language, comprehension of spoken language including disorders of symbolic processing and conceptualization, and deficits in auditory processing, motor integration, and problems of visual perception; and 2) provide techniques of classroom management in language stimulation, auditory training, motor development, and visual-perceptual skills.

Objectives of the course are to:

- Provide a survey of normal child development concerning acquisition of language.
- Develop a working knowledge of the symptoms of language and speech disabilities in pre-school aged children.
- Demonstrate various approaches to the pre-school language handicapped child in group and individual situations.
- Develop strategies for specific levels of instruction with respect to individually prescribed needs.
- Demonstrate the effectiveness of curriculum materials developed through a multidisciplinary approach.
- Provide a survey of specific problems of the language and speech impaired child, and specific techniques for classroom management.

DEMONSTRATION ASPECTS

Much has been learned through the Project thus far. Promising experience is evident in all of the following areas:

1. Effective evaluation techniques to measure the parameters of a child's disability and his subsequent growth have been developed. Refinement of these techniques will continue to be demonstrated.
2. Parent involvement in the early education of language-learning disabled pre-school children is not only desirable but imperative.
3. Observation rooms permit teachers, students and parents and visitors to "drop in" at any time to study the methodology practiced in the classroom.
4. Testing of new equipment and staff-devised curriculum has helped evaluate such materials for future use.
5. Through the inservice training program, hundreds of specialists and nursery school teachers have been introduced to and trained in the concept of early identification and intervention as introduced by this Project.
6. Important liaison has been established with the educational community, both public and private, to insure the utilization of information developed through the Project.

FUTURE RESEARCH AND DEMONSTRATION

1. Experimentation with closed-circuit television as an instructional tool for language-learning disabled children.

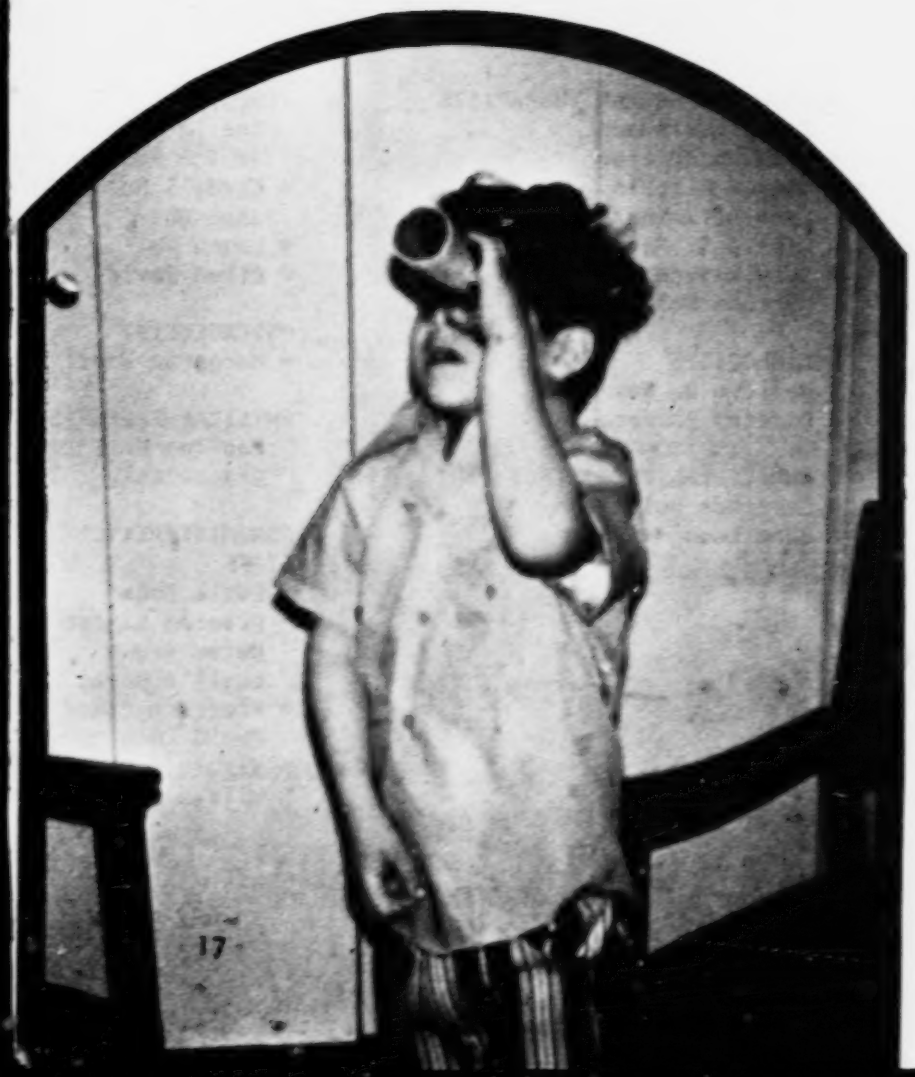
2. Refinement of evaluation procedures.

3. Refinement and broadening of the concept of "Parent Power."

4. Expansion of training program for professionals in the areas of evaluation and programming for handicapped pre-school children.

5. Refinement of follow-up procedures for children who leave the program.

6. Preparation of publications on various aspects of the Project.



LOOKING AHEAD

A primary concern of this program is to place children successfully in the public school programs upon completion of this model pre-school experience.

In the expectation that pre-school education will one day be offered to ALL children under public auspices, this Project provides a continuing laboratory for the demonstration of effective educational-therapeutic practices.

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NOTES

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